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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	10/664,379
Filing Date	September 17, 2003
First Named Inventor	Benzer
Examiner Name	Long T. Nguyen
Art Unit	2816
Attorney Docket No.	13546US02

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,240.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy, Ltd.

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee(\$)
-20 or HP	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee(\$)
-3 or HP	x	=
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

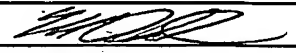
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	790.00
Other: Request for Continued Examination (RCE) Transmittal	450.00
Petition for a Two Month Extension of Time	

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,052	Telephone	(312)775-8000
Name (print/type)	Mirut P. Dalal, Esq.	Date	November 10, 2005		



TRANSMITTAL FORM		Application Number		10/664,379			
(to be used for all correspondence after initial filing)		Filing Date		September 17, 2003			
		First Named Inventor		Benzer			
		Art Unit		2816			
		Examiner Name		LongT. Nguyen			
Total Number of Pages in This Submission		18		Attorney Docket Number		13546US02	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Request for Continued Examination and Transmittal <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):			
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name		McAndrews Held & Malloy, Ltd.					
Name (Print/type)		Mirut P. Dalal, Esq.		Registration No. (Attorney/Agent)		44,052	
Signature					Date: November 10, 2005		
EXPRESS MAIL DEPOSIT							
"Express Mail" mailing label number : EV 729159035 US Date of Deposit November 10, 2005.							